

## STATE OF MONTANA

## DEPARTMENT OF ADMINISTRATION

## ARCHITECTURE AND ENGINEERING DIVISION

1520 East Sixth Avenue • P.O. Box 200103 • Helena, Montana 59620.0103 Phone: 406.444.3104 • Fax: 406.444.3399

## **WARRANTY DEFICIENCY NOTICE**

Project Name:		A/E #:	
Location:		Notice #:	
		Date:	
То:		Phone#:	
10.		Fax#:	
		T GAN.	
From:		Phone#:	
		Fax#:	
Contractor of an observed defect. The	Contractor shall respond w	shall serve as formal notice from the Owner to the vithin seven (7) calendar days after receipt of this notice	<u> —</u>
and shall proceed to immediately remediately remediately the defect, the owner will have the defect		Contractor fail to respond to this notice or not remedy e of the Contractor.	
Description & Location of Deficiency:			
Did the defect damage any property?	7 Ves □ No		
If yes, please explain:	_ 103 110		
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CONTRACTOR RESPONSE			
Corrective work scheduled to Start: Date	<del>)</del> :		
By (list subcontractor, if appropriate):			
Description of the work performed & reasons why:			
Defects Corrected on:	Date:	By (signature):	
Contractor:	Date:	By (signature):	—
		_	—
Distribution: Owner	Architect	Engineer	
☐ Agency	☐ Contractor	☐ Other	